Veteran Decision Aid for Care at Home or in the Community

- Consider your needs and preferences for long term services and supports.
- Visit www.va.gov/Geriatrics to learn more about long term services and supports in VA and the community.
- Talk with your caregiver or family support person about Advance Care Planning.
- Talk with your social worker and care team about the home and community services that are best for you.

Your eligibility is based on clinical need and service or setting availability.
## Step 1. Consider Needs

<table>
<thead>
<tr>
<th>What do you need help with?</th>
<th>I need help to: <em>(Check any that apply)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eat, get dressed, bathe, go to the toilet or get around the house.</td>
</tr>
<tr>
<td></td>
<td>Do chores such as fixing small meals, paying bills and shopping.</td>
</tr>
<tr>
<td></td>
<td>Get care that requires a nurse or therapist.</td>
</tr>
<tr>
<td></td>
<td>Check my blood pressure or blood sugar, keep track of medical visits or fill my pill box.</td>
</tr>
<tr>
<td></td>
<td>Deal with my drug or alcohol issues.</td>
</tr>
<tr>
<td></td>
<td>Deal with my mental health concerns.</td>
</tr>
<tr>
<td></td>
<td>Make decisions and remember things I need to do.</td>
</tr>
<tr>
<td></td>
<td>Do social things with family or friends.</td>
</tr>
<tr>
<td></td>
<td>Other: ____________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who helps you?</th>
<th>I have help from: <em>(Check any that apply)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>My spouse or partner.</td>
</tr>
<tr>
<td></td>
<td>Family member or friend who lives with me.</td>
</tr>
<tr>
<td></td>
<td>Family members or friends who come over to help me.</td>
</tr>
<tr>
<td></td>
<td>Paid caregiver.</td>
</tr>
<tr>
<td></td>
<td>I do not have any regular help.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where do you want to live?</th>
<th>I want to live: <em>(Check only one)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In my home because that is the most important thing to me.</td>
</tr>
<tr>
<td></td>
<td>In my home, if my health needs are met.</td>
</tr>
<tr>
<td></td>
<td>In my home, but it is not best for me now.</td>
</tr>
<tr>
<td></td>
<td>In a different home, but closer to VA services and supports.</td>
</tr>
<tr>
<td></td>
<td>In a different place where I can receive more care.</td>
</tr>
</tbody>
</table>
Step 2. Explore Options

Long term care options I would consider are:

(Click your choices – to learn more go to www.va.gov/Geriatriecs)

Options at my home
- Adult Day Health Care
- Home Based Primary Care
- Homemaker/Home Health Aide
- Hospice Care
- Palliative Care
- Respite Care
- Skilled Home Health Care
- Remote Monitoring Care
- Veteran-Directed Care

Options in a residential setting
- Adult Family Home
- Assisted Living
- Community Residential Care
- Domiciliary Care (in a State Veterans Home)
- Medical Foster Home

Options at a nursing home
- Community Living Center (VA Nursing Home, also called CLC)
- Community Nursing Home
- State Veterans Home

I chose these options because it is important to:

(Examples: stay at home, be close to friends/family, have help at night)

1. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. __________________________________________________________
   __________________________________________________________
## Step 3. Involve Others

**Who is involved in your long term care planning?**

<table>
<thead>
<tr>
<th>People that help me make decisions about long term care are: (Check any that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Spouse or partner</td>
</tr>
<tr>
<td>☐ Family member/friend</td>
</tr>
<tr>
<td>☐ Social worker/case manager</td>
</tr>
<tr>
<td>☐ Mental health provider</td>
</tr>
<tr>
<td>☐ Nurse care manager</td>
</tr>
<tr>
<td>☐ Primary care provider (physician, nurse practitioner, physician assistant)</td>
</tr>
<tr>
<td>☐ Other________________________</td>
</tr>
</tbody>
</table>

**People who agree with my care choices are:**

______________________________________________________________________

**People who disagree with my care choices are:**

______________________________________________________________________

**Long term care options we agree could be right for me are:**

*(Check your choices – to learn more go to [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics))*

### Options at my home
- Adult Day Health Care
- Home Based Primary Care
- Homemaker/Home Health Aide
- Hospice Care
- Palliative Care
- Respite Care
- Skilled Home Health Care
- Remote Monitoring Care
- Veteran-Directed Care

### Options in a residential setting
- Adult Family Home
- Assisted Living
- Community Residential Care
- Domiciliary Care (in a State Veterans Home)
- Medical Foster Home

### Options at a nursing home
- Community Living Center (VA Nursing Home, also called CLC)
- Community Nursing Home
- State Veterans Home
## Step 4. Take Action

- Use the [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) website
- Talk with my care team about my health needs
- Talk with my mental health provider about my care needs
- Talk with my social worker about home and community services and advance care planning
- Get support from my family and friends
- Write down my questions and bring them with me to my next visit
- Other: __________________________________________________________________________

### Questions:

1. ______________________________________________________________________________

2. ______________________________________________________________________________

3. ______________________________________________________________________________

4. ______________________________________________________________________________

### Bring to your next visit:

- This Decision Aid after you fill it out
- The Caregiver Self-Assessment, if it applies
- A list of your questions
- Someone who can support you, if available

### Care Team or Social Worker contact:

- Date: ____________________________
- Name: ____________________________
- Phone: ____________________________